

BEST AVAILABLE

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09802354

FILING DATE
3-9-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51	/	
2		/					52	/	
3	/						53	/	
4		/					54	/	
5	/						55	/	
6		/					56		
7		/					57		
8		/					58		
9	/						59		
10		/					60		
11		/					61		
12		/					62		
13		/					63		
14		/					64		
15	/						65		
16		/					66		
17	/						67		
18		/					68		
19		/					69		
20		/					70		
21		/					71		
22		/					72		
23		/					73		
24		/					74		
25	/						75		
26		/					76		
27		/					77		
28		/					78		
29		/					79		
30		/					80		
31	/						81		
32		/					82		
33		/					83		
34		/					84		
35		/					85		
36		/					86		
37		/					87		
38		/					88		
39		/					89		
40		/					90		
41	/						91		
42		/					92		
43		/					93		
44		/					94		
45		/					95		
46		/					96		
47	/						97		
48		/					98		
49		/					99		
50	/						100		
TOTAL IND.			↓		↓		TOTAL IND.	10	
TOTAL DEP.			↓		↓		TOTAL DEP.	245	
TOTAL CLAIMS							TOTAL CLAIMS	55	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS